Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174 Phone : (239)262-5303

Fax Number : (239)262-6030

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: conrad@swfloridalaw.com

FLORIDA LIMITED LIABILITY CO.

E & F Investments II, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu Corporate Filing Menu

Help

Fax: 12392626030

COVER LETTER

TO: Registration Section Division of Corporations	
E & F Investments 11, LLC SUBJECT:	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Conrad Willkomm Esq.	
Name of Person	•
Law Office of Conrad Willkomm, P.A.	•
Firm/Company	
3201 Tamiami Trail N, 2nd Floor	
Address	
Naples, FL 34103	
City/State and Zip Code	<u>~</u>
conrad@swfloridalaw.com	. نو. - <u></u> -
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	دي
	<u>स्म</u>
Name of Person Area Code Daytime Lelenhone Number	(i)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate of Status &	· · ·
(additional copy is enclosed) Certified Copy (additional copy is enclose	d) .
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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

To: 8506176381@rcfax.com

ARTICLE I - Name:

The name of the Limited Liability Company is:

E & F investments II, LLC

(Must end with the words "Limited Liability Company, "L.L.C.,"

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal	Ullice /	<u> Maress:</u>	•	-	Mainn	g Address:	
•		·	•	.*			
Antica Street			,		3342 Antica Street		
lyers, FL 33905					Ft, Myers. FL 33905		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Law Office	of Confac	Willkomm, P.A.	<u> </u>
		Name	
3201 Tamis	ami Tráil N	I, 2nd Floor	
Florida stre	et address	(P.O. Box NOT ac	cceptable)
Naples		Florida	. 34103
C	ity .	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of no frostitun as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Fax: 12392626030

1	itle:	Name and Address:	
	AMBR" = Authorized Member	- Tank mile Mariess	
	MGR" = Manager		
	MGR	Fredy Zuniga	
-	· ·	3342 Antica Street	
		Ft. Myers, FL 33905	
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